

TOWN OF SMYRNA, DELAWARE
2017 APPLICATION
TAX EXEMPTION-CITIZENS AGE 65 AND OVER
Must be received by March 30, 2017

TO: Tax Department

NAME _____ PHONE NO. _____

MAILING ADDRESS: _____

PROPERTY LOCATION: _____

APPLICANT'S DATE OF BIRTH _____ SPOUSE'S DATE OF BIRTH _____
(Copy of picture ID showing date of birth must be attached)

APPLICANT'S GROSS INCOME _____ SPOUSE'S GROSS INCOME _____
(MUST INCLUDE ALL INCOME EXCEPT VETERAN DISABILITY COMPENSATION, RAILROAD
PENSION, AND SOCIAL SECURITY)

_____ Copy of 2016 IRS Form 1040 is attached, IF required to file. If you
don't have a copy of 2016, you may use a copy of 2015.

_____ I hereby swear or affirm that I was not required to file a Federal IRS
1040 form for my/our **2016** Income.

The undersigned citizen of the Town of Smyrna makes application for \$30,000
exemption on the property assessment of the above real property and further
states as follows:

1. He/she is legally domiciled within the Town of Smyrna, Delaware.
2. He/she is 65 or more years of age.
3. He/she is the owner of a dwelling house and has lived in said
house, which is the property for which exemption is being claimed,
consecutively for at least one year immediately preceding May 1,
2015.
4. The 2015 calendar year income from all sources (other than Social
Security, Veterans Disability Compensation, and Railroad Pension)
including capital gains, pension annuities and retirement did not
exceed \$24,000 for an individual applicant or \$30,000 for
applicants filing jointly and living in said dwelling.

I HEREBY SWEAR OR AFFIRM THAT THIS INFORMATION IS TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE AND BELIEF AND FURTHER UNDERSTAND THAT A FALSE
DECLARATION IN THIS APPLICATION WILL SUBJECT ME TO THE PENALTIES PROVIDED BY
LAW FOR PERJURY.

Date Signature of Applicant

Date Signature of Spouse

- - - - -DO NOT WRITE BELOW THIS LINE - - - - -

APPROVED _____ DISAPPROVED _____

Date Information Systems Manager